



Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

Mental health insurance in India: lack of parity

India passed the Mental Healthcare Act on April 7, 2017,¹ which has been in effect since May 29, 2018. Section 21 (4) of the Act states “every insurer shall make provision for medical insurance for treatment of mental illness on the same basis as is available for treatment of physical illness.”¹ But, in reality, this is not occurring. In 2018 and 2019, the Insurance Regulatory and Development Authority of India took no action to ensure that insurance companies included mental illness in their policies. The scenario started changing after the COVID-19 pandemic and subsequent lockdown in India, which exacerbated the incidence of mental disorder symptoms among the general population. In March 17, 2020, a Public Interest Litigation petition was filed in the Supreme Court of India by advocate Gaurav Bansal,² alleging violation of the Mental Healthcare Act 2017, as none of the insurance companies had complied with section 21 (4).

On April 19, 2021, a claimant filed a case against the National Insurance Company and the Insurance Regulatory and Development Authority in the High Court of Delhi,³ for rejecting an insurance claim for expenses associated with hospitalisation with a diagnosis of schizoaffective disorder, because the policy excluded psychiatric disorders. The petitioner filed a complaint with the insurance ombudsman, after which the claim was again rejected due to an exclusion clause. The National Insurance Company argued that the policy covering mental illness was approved by the Insurance Regulatory and Development Authority on March 27, 2020, and the policy was launched on July 1, 2020, within the legal limit. So, there was a 2-year delay in the implementation of the Act. The petitioner had renewed her policy before the launch of the new policy covering mental illness, and

the National Insurance Company rejected her claim on the grounds that she had to abide by terms provided in her health-care policy. The claim has been paid to the petitioner, because the Insurance Regulatory and Development Authority directed the National Insurance Company to make the payments of the claimant.

The apathy and aversion of Indian insurance companies towards mental illness is chronic and systemic. Insurance companies have been slow to include mental disorders in their policies. The non-settlement of claims for costs incurred due to mental illness and related court cases illustrate the stigma India displays to those with mental illness.

I declare no competing interests.

Madhurima Ghosh

madhurima.ghosh2908@gmail.com

Gokhale Institute of Politics and Economics,
411004 Pune, India

- 1 Indian Ministry of Law and Justice. The Mental Healthcare Act, 2017. April 7, 2017. <https://www.prsindia.org/uploads/media/Mental%20Health/Mental%20Healthcare%20Act,%202017.pdf> (accessed July 13, 2021).
- 2 Gaurav Kumar Bansal v Union of India and another. Number W.P.(C)-000425. Supreme Court of India; New Delhi, India; March 17, 2020.
- 3 Shikha Nischal v National Insurance Company Ltd and another. Number W.P.(C)-3190/2021. High Court of Delhi; New Delhi, India; April 19, 2021.

COVID-19 vaccine uptake in patients with psychiatric disorders admitted to or residing in a university psychiatric hospital

People with psychiatric disorders, especially severe mental illness, have increased morbidity and mortality from COVID-19 infection; therefore, vaccination against COVID-19 should be prioritised for this vulnerable group,¹ which has been done in several countries (eg, Denmark, Germany, The Netherlands, and the UK).² There

Patients	
Mean age, years (SD)	49.31 (21.19)
Sex	
Female	676/1151 (58.7%)
Male	475/1151 (41.3%)
Diagnosis	
Cognitive disorder	113/1151 (9.8%)
Psychotic disorder	243/1151 (21.1%)
Bipolar disorder	77/1151 (6.7%)
Depressive disorder	159/1151 (13.8%)
Developmental disorder	17/1151 (1.5%)
Anxiety disorder	94/1151 (8.2%)
Personality disorder	134/1151 (11.6%)
Substance use disorder	62/1151 (5.4%)
Eating disorder	45/1151 (3.9%)
Adjustment disorder	142/1151 (12.3%)
Other	65/1151 (5.6%)
Vaccine status	
Fully	936/1151 (81.3%)
Partly	134/1151 (11.6%)
Refused	81/1151 (7.0%)
Vaccine type	
mRNA-1273 (Moderna)	590/1070 (55.1%)
BNT162b2 (Pfizer-BioNTech)	371/1070 (34.7%)
ChAdOx1 (Oxford-AstraZeneca)	94/1070 (8.8%)
Ad26.COV2.S (Johnson & Johnson)	14/1070 (1.3%)
Data are n/N (%), unless otherwise stated.	
Table: Participant characteristics and vaccine information	

are growing concerns surrounding COVID-19 vaccine hesitancy in the general population.³ Vaccine hesitancy might also affect people with psychiatric disorders; however, a study showed only slightly lower COVID-19 vaccination willingness in people with psychiatric disorders (84.8%) compared with the general population (89.5%).⁴

In a large university psychiatric hospital in Belgium, we assessed how many people accepted an offer to be vaccinated against COVID-19 in a targeted vaccination programme. From March 30, 2021, to July 19, 2021, patients older than 18 years admitted to or already residing in the hospital (including patients in daycare) were



Published Online
August 17, 2021
[https://doi.org/10.1016/S2215-0366\(21\)00301-1](https://doi.org/10.1016/S2215-0366(21)00301-1)